

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10554059

FILING DATE

18 APR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3	/		/		/	
4	/		/		/	
5	3		/		/	
6	3		/		/	
7	0		/		/	
8	0		/		/	
9	0		/		/	
10	0		/		/	
11	0		/		/	
12	0		/		/	
13	0		/		/	
14	0		/		/	
15	0		/		/	
16	0		/		/	
17	/		/		/	
18	/		/		/	
19	/		/		/	
20	/		/		/	
21	3		/		/	
22	3		/		/	
23	0		/		/	
24	0		/		/	
25	0		/		/	
26	0		/		/	
27	0		/		/	
28	0		/		/	
29	0		/		/	
30	0		/		/	
31	0		/		/	
32	0		/		/	
33	0		/		/	
34	0		/		/	
35	0		/		/	
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49						
50						
TOTAL IND.	2		2		2	
TOTAL DEP.	41	↓	33	↓	33	↓
TOTAL CLAIMS	43		35		35	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						